Nursing & Midwifery Council

NMC

Standards for medicines management

Front Cover:
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Introduction

Standards for medicines management consists of the following text and an accompanying CD-Rom, which is housed in the sleeve at the back of this booklet. The booklet provides a summary of all 26 standards, whilst on the CD-Rom you can find the standards, their guidance, and additional information (annexes 1–8) including relevant legislation, additional guidance, and a glossary.

The Nursing and Midwifery Council (NMC) is the UK regulator for two professions: nursing and midwifery. The primary purpose of the NMC is protection of the public. It does this through maintaining a register of all nurses, midwives and specialist community public health nurses eligible to practice within the UK and by setting standards for their education, training and conduct. One of the most important ways of serving the public interest is through providing advice and guidance to registrants on professional issues. The purpose of this booklet is to set standards for safe practice in the management and administration of medicines by registered nurses, midwives and specialist community public health nurses.

Standards for medicine management replace the Guidelines for the administration of medicines 2004, although many of its principles remain relevant today, for example:

> "The administration of medicines is an important aspect of the professional practice of persons whose names are on the Council's register. It is not solely
>
> a mechanistic task to be performed in strict compliance with the written prescription of a medical practitioner (now independent/supplementary prescriber). It requires thought and the exercise of professional judgement…"

Many government and other agencies are involved in medicines management from manufacture, licensing, prescribing and dispensing, to administration. As the administration of a medicinal product is only part of the process these standards reflect the process from prescribing, through to dispensing, storage, administration and disposal. There exists an extensive range of guidance on medicines management from a range of relevant bodies and sources of information can be found on the CD-Rom. One of the best sources of advice locally is the pharmacist.

As with all NMC standards, this booklet provides the minimum standard by which practice should be conducted and will provide the benchmark by which practice is measured. Due to the complexity, speed and extent of change in contemporary health care, it is not intended to cover every single situation that you may encounter during your career. Instead, it sets out a series of standards that will enable you to think through issues and apply your professional expertise and judgement in the best interests of your patients. It will also be necessary to develop and refer to additional national/local policies or protocols to suit local needs.

Definitions

A Medicinal product is:

"Any substance or combination of substances presented for treating or preventing disease in human beings or in animals. Any substance or combination of substances which may be administered to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals is likewise considered a medicinal product." Council Directive 65/65/EEC

Medicines management:

"The clinical, cost effective and safe use of medicines to ensure patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm." (MHRA 2004)

Blood and blood products

Blood is not classified as a medicinal product although some blood components are. Products derived from the plasma component of blood such as blood clotting factors, antibodies and albumin are

licensed and classified and are considered to be medicinal products. For the purpose of the administration of medicinal products registrants would be expected to apply the standards for medicines management to all medicinal products but should consider additional guidance by the National Patient Safety Agency – guidance launched on 09 November 2006; "Right patient, Right blood" (available at www.npsa.nhs.uk). A key requirement of this guidance is that all staff involved in blood transfusion undergoes formal competency assessment on a three yearly basis.

Use of the word "Patient" throughout the document

Throughout this document where the word "patient" is used this refers to whoever the medication may be administered to e.g. patient, client, user, woman (midwifery).

Use of the word "Registrant" throughout the document

Throughout this document where the word "registrant" is used this refers to nurses, midwives and specialist community public health nurses who are registered on the Nursing and Midwifery Council Register.

Summary of standards

This section provides a summary of the standards, for easy reference. For further detail you should read, follow and adhere to the standards as detailed on the accompanying CD-Rom. It is essential that you read the full guidance and you must follow the advice.

SECTION 1

Methods of supplying and/or administration of medicines

Standard 1

Registrants must only supply and administer medicinal products in accordance with one or more of the following processes:

- Patient Specific Direction (PSD)
- Patient Medicines Administration Chart (may be called Medicines Administration Record MAR)
- Patient Group Direction (PGD)
- Medicines Act Exemption

- Standing Order
- Homely Remedy Protocol
- Prescription Forms

Standard 2
Registrants must check any direction to administer a medicinal product.

Standard 3
As a registrant you may transcribe medication from "one direction to supply or administer" to another form of "direction to supply or administer".

SECTION 2

Dispensing

Standard 4
Registrants may in exceptional circumstances label from stock and supply a clinically appropriate medicine to a patient, against a written prescription (not PGD), for self-administration or administration by another professional, and to advise on its safe and effective use.

Standard 5
Registrants may use patients' own medicines in accordance with the guidance in this booklet Standards for medicines management.

SECTION 3

Storage and transportation

Standard 6
Registrants must ensure all medicinal products are stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication, and in accordance with any instruction on the label.

Standard 7
Registrants may transport medication to patients including Controlled Drugs, where patients or their carers/representatives are unable to collect them, provided the registrant is conveying the medication to a patient for whom the medicinal product has been prescribed (e.g. from a pharmacy to the patient's home).

SECTION 4

Standards for practice of administration of medicines

Standard 8

As a registrant, in exercising your professional accountability in the best interests of your patients:

- You must be certain of the identity of the patient to whom the medicine is to be administered.
- You must check that the patient is not allergic to the medicine before administering it.
- You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.
- You must be aware of the patient's plan of care (care plan/pathway)
- You must check that the prescription or the label on medicine dispensed is clearly written and unambiguous.
- You must check the expiry date (where it exists) of the medicine to be administered.
- You must have considered the dosage, weight where appropriate, method of administration, route and timing.
- You must administer or withhold in the context of the patient's condition (e.g. digoxin not usually to be given if pulse below 60) and co-existing therapies e.g. physiotherapy.
- You must contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable (See Standard 25).
- You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

In addition:

- Where medication is not given the reason for not doing so must be recorded.
- You may administer with a single signature any Prescription Only Medicine (POM), General Sales List (GSL) or Pharmacy (P) medication.

In respect of Controlled Drugs:

- These should be administered in line with relevant legislation and local standard operating procedures.
- It is recommended that for the administration of Controlled Drugs a secondary signatory is required within secondary care and similar healthcare settings.
- In a patient's home, where a registrant is administering a Controlled Drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.
- Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process. For Guidance, go to: www.dh.gov.uk and search for Safer Management of Controlled Drugs: Guidance on Standard Operating Procedures.
- In cases of direct patient administration of oral medication from stock in a substance misuse clinic, it must be a registered nurse who administers, signed by a second signatory (assessed as competent), who is then supervised by the registrant as the patient receives and consumes the medication.
- You must clearly countersign the signature of the student when supervising a student in the administration of medicines.

Standard 9
As a registrant you are responsible for the initial and continued assessment of patients who are self-administering and have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others.

Standard 10
In the case of children, when arrangements have been made for parents/carers or patients to administer their own medicinal products prior to discharge or rehabilitation, the registrant should ascertain that the medicinal product has been taken as prescribed.

Standard 11
In exceptional circumstances, where medication has been previously prescribed and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, the use of information technology (such as fax, text message or email) may be used but must confirm any change to the original prescription.

Standard 12
As a registrant, you must ensure that there are protocols in place to ensure patient confidentiality and documentation of any text received include: complete text message, telephone number (it was sent from), the time sent, any response given, and the signature and date when received by the registrant.

Standard 13
Where medication has been prescribed within a range of dosages it is acceptable for registrants to titrate dosages according to patient response and symptom control and to administer within the prescribed range.

Standard 14
Registrants must not prepare substances for injection in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence.

Standard 15
Registrants should never administer any medication that has not been prescribed, or acquired over the internet without a valid prescription.

Standard 16
Registrants must assess the patient's suitability and understanding of how to use an appropriate compliance aid safely.

SECTION 5

Delegation

Standard 17
A registrant is responsible for the delegation of any aspects of the administration of medicinal products and they are accountable to ensure that the patient or carer/care assistant is competent to carry out the task.

Standard 18
Students must never administer/supply medicinal products without direct supervision.

Standard 19
In delegating the administration of medicinal products to unregistered practitioners, it is the registrant who must apply the principles of administration of medicinal products as listed above. They may then delegate an unregistered practitioner to assist the patient in the ingestion or application of the medicinal product.

Standard 20
Wherever possible two registrants should check medication to be administered intravenously, one of whom should also be the registrant who then administers the IV medication.

SECTION 6

Disposal

Standard 21
A registrant must dispose of medicinal products in accordance with legislation.

SECTION 10

Controlled Drugs

Standard 26

Registrants should ensure that patients prescribed Controlled Drugs are administered these in a timely fashion in line with the standards for administering medication to patients. Registrants should comply with and follow the legal requirements and approved local Standard Operating Procedures for Controlled Drugs that are appropriate for their area of work.

CD-Rom

For full details of the **standards for medicines management** and their accompanying guidance, as well as additional information (annexes 1–8) including relevant legislation, additional guidance, and a glossary, run the CD-Rom housed overleaf.

SECTION 7

Unlicensed medicines

Standard 22

A registrant may administer an unlicensed medicinal product with the patient's informed consent against a patient-specific direction but NOT against a patient group direction.

SECTION 8

Complementary and alternative therapies

Standard 23

Registrants must have successfully undertaken training and be competent to practise the administration of complementary and alternative therapies.

SECTION 9

Management of adverse events

Standard 24

As a registrant, if you make an error you must take any action to prevent any potential harm to the patient and report as soon as possible to the prescriber, your line manager or employer (according to local policy) and document your actions. Midwives should also inform their named Supervisor of Midwives.

Standard 25

As a registrant, if a patient experiences an adverse drug reaction to a medication you must take action to remedy harm caused by the reaction. You must record this in the patient's notes, notify the prescriber (if you did not prescribe the drug) and notify via the Yellow Card Scheme immediately.

Contacts

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This is Version 1 of **Standards for medicines management**, which replaces **Guidelines for the administration of medicines**. This edition was reprinted in August 2008. The standards are essentially broad principles for practice and registrants will need to apply the principles to their own areas of practice. The NMC will keep these standards under review and will notify all registered nurses, midwives and specialist community public health nurses whenever further amendments are made. Review date: August 2010.

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